

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018490

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1354

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY ST LOUIS MOb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pattonville

Length of stay in 1b

YRS.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 11519 Old St. Charles Rd.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO b. COUNTY ST LOUISc. CITY
OR TOWN PATTONVILLE

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
11519 OLD ST CHARLES RD.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JENNIE

Middle

R

Last

DUNNE4. DATE
OF DEATH

Month

4-23-63

Day

Year

5. SEX

FE MALE

6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-12-04

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ASST COOK10b. KIND OF BUSINESS OR INDUSTRY
PATTONVILLE JR. HIGH11. BIRTHPLACE (City and state or country)
PIEDMONT MO12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

JOSEPHROSS

13b. MOTHER'S MAIDEN NAME

ELIZABETH LEEMATTER

14. NAME OF HUSBAND OR WIFE

EDWARD A DUNNE15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give war or dates of)NO

NO.

2b

17. INFORMANT

EDWARD A DUNNE 11519 OLD ST CHA

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mitastatic carcinoma due to
Ca of Gallbladder.

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.INTERVAL BETWEEN
ONSET AND DEATH1 yr.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female, was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-9-62 to April 1963 and last saw her
Death occurred at 9A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. R. RasmussenM.D.

22b. ADDRESS

Overland Mo.

22c. DATE SIGNED

4/23/6323a. BURIAL, CREMATION,
REMOVAL (Specify)REMOVAL

23b. DATE

4-26-63

23c. NAME OF CEMETERY OR CREMATORY

CALVARYCEM

23d. LOCATION (City, town, or county)

ST LOUIS MO24. FUNERAL DIRECTOR
KRIEGSHAUSER

ADDRESS

9450 OLIVE ST RD

25. DATE RECD. BY LOCAL REG.

4-23-63

26. REGISTRAR'S SIGNATURE

J. R. Rasmussen M.D.

DR. S.E. PAWOL

2573 WOODSON RD

OVERLAND MO

HA.-7-4616

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.